PROPOSAL FOR A CONTINUING EDUCATION ACTIVITY

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
40 North Central Avenue, Suite 780, Phoenix, AZ 85004
(602) 364-7777 FAX (602) 364-7788

Please complete this form and send it to us as soon as you begin thinking about an activity.

1. **Title and brief description of the continuing education activity:** PA/APN CE Seminar. This 3-day continuing education activity is designed for physician assistants, nurse practitioners, and pharmacist practitioners working for Indian health programs.

2. **Goals of Activity:** The meeting provides an opportunity to network with peers on issues of common concern update knowledge of current health trends and issues, and develop new skills to improve patient care. The format will include lectures, discussion, and Q&A periods.

3. **Date(s) of Activity:** June 4-8, 2001 **and times: from** 8:00 am **to** 5:00 pm

4. **Location of Activity:** Chaparral Suites Hotel, 5001 N. Scottsdale, AZ 85250 Ph: (480) 949-1414

5. **Contact Person:** E.Y . Hooper, MD, MPH **Title:** OCE Director

   E-mail Address: eyhooper@ihs.gov

   Address: 40 N. Central Ave., Ste. 780 **Phone:** (602) 364-7777

   City, State, Zip: Phoenix, AZ 85004 **Fax:** (602) 364-7788

   Service Unit/Facility/Organization: Indian Health Service, HQ

6. **Target Audience *(e.g., Internists, Outpatient Nurses, Pharmacists, etc.)*:** NPs, CNMs, PAs, Pharmacist Practitioners

7. **Type(s) of credit you are requesting:** ☐ **Physicians** ☑ **Nurses** ☑ **PAs** ☐ **Pharmacists**

   ☐ **Family Physicians (AAFP)** ☑ **Other (Please specify):** CNMs, Pharmacy Practitioners

8. **Who will be helping you plan the activity?** ***The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit.***

   Judy Whitecrane, CNM, Carol Moffet, FNP, Karen Kavena, NP, George Kniffen, PA, Dora Bradley, RN, MPH, Nurse Educator, Dr. EY Hooper, MPH, Ed Stein, PharmD

9. **Is the needs assessment checklist attached?** ☑ **Yes** ☐ **No**

10. **Do you plan to repeat this CE activity during the coming 12 months?** ☐ **Yes** ☑ **No**

    If yes, when or how often? _____